

On-line digital assessment services



Recorded January, 2024

CPT®, HCPCS codes

- Two sets of CPT® codes for on-line digital assessment services
- Five HCPCS codes for messaging, images and on-line communication

Not considered telehealth services

Don't use modifier 95 or telehealth place of service

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Consent

Communication Technology-Based Services (CTBS)

- Codes developed by CPT® and CMS for non-face-to-face services
- Services have patient due amounts (deductible, co-insurance)
- Medicare's 2020 Final Rule described requirements for patient consent for these services, so that patients are informed of what they will pay
- CPT® does not discuss consent

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Consent for CTBS services: CMS

Communication Technology-Based Services (CTBS)

- Includes on-line digital services, interprofessional consults, HCPCS codes

Requirements:

- Interval for consent: one year
- Single, verbal consent for all services

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E/M codes

99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 11-20 minutes

99423 21 or more minutes

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CPT® says



“For on-line digital E/M services provided by a qualified nonphysician health care professional who may not report the physician or other qualified health care professional E/M services [eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dieticians], see 98970, 98971, 98972”

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E/M codes – 98970--98972

98970 Online digital assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

98971 11-20 minutes

98972 21 or more minutes

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Online digital E/M



“The seven-day period begins with the physician’s or other qualified health care professional’s (QHP) initial, personal review of the patient-generated inquiry.”

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Online digital E/M

Physician's or other QHP's cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician or other QHP interaction with clinical staff focused on the patient's problem, development of management plans, including physician or other QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication, which does not otherwise represent separately reported E/M service.

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On-line digital E/M

- Patient initiates services with physicians or other qualified health care professionals (QHPs)
- Not for nonevaluative services, such as scheduling a patient or giving lab results
- CPT® defines as services to an established patient
- Requires use of a HIPAA compliant secure portal email or other digital application
- Not a follow up to an E/M service in past 7 days

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On-line digital E/M

- Reported for cumulative time during a seven day period
- Begins with review of the patient generated inquiry
- Includes review of inquiry, medical record, associated data, development of management plan, ordering prescriptions or tests, if needed, and subsequent communication with the patient, digitally or by phone
- Requires permanent storage of service

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E/M within 7 days of on-line digital service

- If patient is seen within 7 days of on-line service for the same problem, (face-to-face E/M) then do not report on-line digital service (same problem)
- If patient is seen within 7 days of on-line service for a different problem, (face-to-face E/M) then you may report on-line digital service (different problem)

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On-line digital E/M

- May only be reported once in a 7-day period
- May not be reported by surgeon during a post-op period
- Don't include clinical staff time (nurses, medical assistants)
- Don't double count time spent in any other service

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HCPCS codes

For use by physicians/NPs/PAs

- G2012
- G2552
- G2010

For use by other clinicians

- G2550
- G2251

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Brief virtual check-in

G2012 Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **5-10 minutes of medical discussion**

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Brief virtual check-in

G2252 Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; **11-20 minutes of medical discussion**

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Brief virtual check-in

- Communications technology—*includes phone calls*, which codes 99421—99423 do not
- Established patients only for practitioner with E/M in scope of practice
- To determine if an office visit is required

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Brief virtual check-in

- Not billable if E/M in prior 7 days, or results in E/M in next 24 hours or next available appointment
- Requires verbal consent from patient to bill
- Subject to co-insurance/deductible

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Brief virtual check-in--phone

📖 "...and are finalizing allowing **audio-only real-time telephone interactions** in addition to synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission. We note that telephone calls that involve only clinical staff could not be billed using HCPCS code G2012 since the code explicitly describes (and requires) direct interaction between the patient and the billing practitioner."

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Remote pre-recorded service

Here's a picture of a tick. What do you think?

(This is a female, adult deer tick)



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Store and forward

G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

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Remote, pre-recorded services

- “Store and forward”
- Can be used to determine if visit is needed
- Practitioner evaluation of patient generated still or video image
- Subsequent communication to patient
- Consent required (verbal, written or electronic)
- Not as a result of an E/M in past 7 days, or resulting in an E/M in 24 hours or first available

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Follow up to G2010

- Follow up required
- Via phone, audio/video communication, secure text messaging, email, or patient portal
- If image is insufficient for evaluation, cannot bill
- Image or video viewed at an office visit is bundled into office visit code

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CBTS by other clinicians

For clinicians without E/M in their scope of services

G2250 Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.

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CBTS by other clinicians

For clinicians without E/M in their scope of services

G2251 Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

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Use CPT or HCPCS codes?

- RVUs are roughly the same for equivalent time codes for physicians/NPPs
- RVUs are slightly lower for HCPCS codes for clinicians without E/M in their scope of practice
- Medicare developed some of the HCPCS codes before CPT
- May be easier to consistently use CPT codes since these all have active status by Medicare

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Thank you



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